	formation to identify the case:	Filed 02/02/20		03/03/20 16:08:39 3	Desc Main
Debtor 1	Janay M Rickwalder				
Debtor 2 (Spouse, if filing)	Thomas C Rickwalder				
United States I	Bankruptcy Court for the: Eastern	District of $\frac{ m V}{ m (St}$	A ate)		
Case number	17-10109-KHK				

Form 4100R

esponse t									
cording to Bankrupt	cy Rule 3002.1(g), the	creditor respond	ds to the tru	stee's notic	e of final cure	e payment.			
art 1: Mortgage	Information								
Name of creditor:	U.S. Bank National Association, a 2006-G	s Trustee for Banc of Americ	ca Funding Corporat	on, Mortgage Pass-T	hrough Certificates, Se	ries Court	claim n	o. (if kno\	vn):
_ast 4 digits of any	number you use to ic	lentify the debto	or's accoun	t: <u>3</u>	3 5	2			
Property address:	12277 SHERBORNE	STREET							
roporty addresses	Number Street								
	BRISTOW	VA	20136	_					
	City	State	ZIP Code						
art 2: Prepetitio	n Default Payments	E							
-	_								
Check one: Creditor agrees the on the creditor's on the creditor's of the creditor'	hat the debtor(s) have claim.	paid in full the a	mount requ	ired to cure	the prepetition	n default			
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Debtor 1	Janay M Rickwald	ler	Case number (# known) 17-10109-KHK
	First Name Middle Nam	e Last Name	

Part 4: Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5: Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.					
Check the appropriate box::					
☐ I am the creditor.					
I am the creditor's authorized agent.					
I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.					
	nt your name and your title, if any, and state your address an ce address listed on the proof of claim to which this respons	·			
from the noti	ce address listed on the proof of claim to which this responsi	е арриез.			
×	/s/Johnie R. Muncy	Date 03_/_03_/_2020			
	Signature				
Print	Johnie R. Muncy First Name Last Name	Title Attorney for Creditor			
Company	Samuel I. White, P.C.				
If different from the notice address listed on the proof of claim to which this response applies:					
Address	1804 Staples Mill Road Suite 200				
	CIRICHMOND, VA 23230 State ZIP Code				
Contact phone	(804) 290 - 4290	Email <u>jmuncy@siwpc.com</u>			

CERTIFICATE OF SERVICE

I certify that on March 3, 2020, the foregoing Response to Notice of Final Cure was served via CM/ECF on Thomas P. Gorman, Trustee, and Daniel M. Press, Counsel for Debtors, at the email addresses registered with the Court, and that a true copy was mailed via first class mail, postage prepaid, to Janay M Rickwalder and Thomas C Rickwalder, Debtors, 12277 Sherborne St., Bristow, VA 20136.

/s/JOHNIE R. MUNCY

Johnie R. Muncy, Esquire Samuel I. White, P. C.